

November 4, 2010

Federal Communications Commission 445 12th Street, S.W. Washington, D.C. 20554

Re: Preserving the Open Internet Broadband Industry Practices

GN DocketNo.09-191 WC Docket No.07-52

Dear Chairman Genachowski and Commissioners:

The National Medical Association (NMA) would like to thank the Federal Communications Commission for the opportunity to provide reply comments on the important issues put forth by the Commission in the September 1, 2010 Public Notice. The NMA firmly believes that the issues put forth in the Public Notice are deserving of careful attention and consideration by groups like ours that represent the interests of the finest practitioners in the African American medical community. That said, the NMA steadfastly believes that specialized services and mobile wireless are important components of the internet and medical ecosystem that should not be dealt with in a hasty manner.

About the National Medical Association:

Representing the interests of more than 50,000 African American physicians and the patients they serve, with nearly 112 affiliated societies throughout the nation and U.S. territories, the NMA has been firmly established in a leadership role in medicine. Founded more than 100 years ago the NMA mission is straightforward and clear —to advance the art and science of medicine for people of African descent through education, advocacy, and heath policy to promote health and wellness, eliminate health disparities, and sustain physician viability. Given the rise of usage and adoption of wireless technologies in African American communities NMA believes our reply comments will be instructive, leading the FCC to develop a more informed policy framework for the wired and mobile wireless internet.

Summary of NMA's Comments:

These reply comments, on behalf of the NMA, are designed to address both specialized services, such as enhanced delivery of telemedicine applications, as well as the application of open internet principles to mobile wireless platforms increasingly utilized by African Americans in rural and urban settings. Specifically, the NMA's reply comments will address issues surrounding the provision of reliable and carefully managed wired and wireless networks, affordable broadband access and adoption, and increased spectrum availability.

Comments Regarding the Provision of Specialized Services:

Without specialized and managed services, telemedicine would be relegated to unreliable and lesser managed networks, which would degrade the quality and potentially harming African Americans using telemedicine applications. African Americans are rapidly adopting the Internet and demanding high quality of service applications. Thus, it follows that reliability is the key to future adoption and use by members of this community.

Specialized services, such as those that deliver telemedicine applications to African Americans, require high quality of service because the data transmitted is extremely sensitive and may suffer if delivered via an unmanaged internet connection. In order to prevent delays and network instability that could jeopardize telemedicine traffic, specialized and carefully managed services must be used. In our opinion enabling patients to access specialized and managed services will allow them to freely access the best that telemedicine has to offer.

Managed services are critical to the provision of high quality and reliable telemedicine application; therefore, any new regulation banning quality of service (QoS) enhancements would be counterproductive, endangering patients in minority and underserved communities who have few alternatives but to utilize telemedicine applications in order to receive suitable medical care.

Telemedicine is a powerful tool that is able to reach people who live in remote rural areas or are otherwise house-bound. By banning QoS enhancements that enable telemedicine applications to be reliably delivered the FCC would medically disenfranchise a large swath of the African American population, many of which live in rural settings or are unable to easily access high-quality health care.

By allowing the QoS enhancements that specialized services offer, the FCC would be giving those without adequate access to quality healthcare the opportunity to receive the best medical care and live a healthier and more fulfilling life.

Comments Regarding the Application of Open Internet Principles to Mobile Wireless Platforms:

First and foremost, NMA believes the FCC's desire to regulate wireless services by imposing net neutrality regulations is premature and could dampen innovation in the wireless space. Furthermore, the NMA believes the key to providing large segments of the African American population with access to mobile wireless telemedicine is increasing spectrum availability.

The NMA sees wireless as the key to greater advances in telemedicine, regulating now could hinder the growth of this medium as a tool for increasing the well-being of the African American community which disproportionately uses wireless phones for Internet access. To wit, 64% of African Americans access the internet from a mobile wireless phone or laptop, according to a July 2010 report from the Pew Internet and American Life Project.

The Commission's Public Notice seeks input regarding transparency, the attachment of third party devices to mobile wireless networks, and the maximization of consumer choice, innovation, and freedom of expression in the mobile application space. While the NMA sees these issues as important, we believe that spectrum availability is the most important issue facing mobile wireless at this time.

The NMA believes that without adequate spectrum, mobile wireless networks will fail to provide consumers using advanced mobile telemedicine applications and devices with the bandwidth necessary to transmit sensitive data in a safe and secure manner. FCC policies that ensure adequate spectrum availability will go a long way toward allaying the fears in the medical community that mobile wireless networks might not be up to the task of reliably delivering and supporting telemedicine applications and devices.

More spectrum must be made available if we are to fully realize the benefits of telemedicine delivered via mobile wireless.

Conclusion:

The NMA appreciates that this is a complex and dynamic time in the development of the wired and wireless internet; however, new wireless applications with the potential to help the African American community could be delayed or placed on hold if new regulations are passed or the availability of spectrum is otherwise constrained. It is for this reason that we believe it is inappropriate for the Commission to pursue new regulations of specialized services and wireless at this time.

Nevertheless, we do support the Commission in its efforts to provide for greater consumer focused transparency when it comes to wireless devices and applications. This will help enable African American users of telemedicine technology over wireless phones to know and understand more about the services they are accessing and the applications they are using.

Once again, thank you for the opportunity to address these critical issues facing our patients, doctors, and country. We look forward to assisting the FCC in this and future endeavors.

Best Regards,

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